



NYC Vital Signs

There Is No Health Without Mental Health

About 6% (370,000 people) of all adult New Yorkers report having clinically significant emotional distress. Persons with this distress often experience depression, anxiety, and other emotional problems that may substantially interfere with a major life activity, such as eating, maintaining a household, working, or developing and maintaining personal relationships.

Significant emotional distress can affect physical health. A person who is very depressed or anxious may be more likely than others to engage in behaviors that contribute to poor health, such as smoking, getting no exercise, and eating a poor diet. Physical illness, in turn (for example, having a poorly managed chronic illness, such as asthma), may exacerbate, or even cause, depression and anxiety. *The good news is, that, appropriate treatment for emotional problems can effectively reduce distress and improve day-to-day functioning among affected persons.*

Data presented in this report are based on the 2002 New York City Community Health Survey, a telephone survey of 10,000 New Yorkers, with representation from 33 communities.

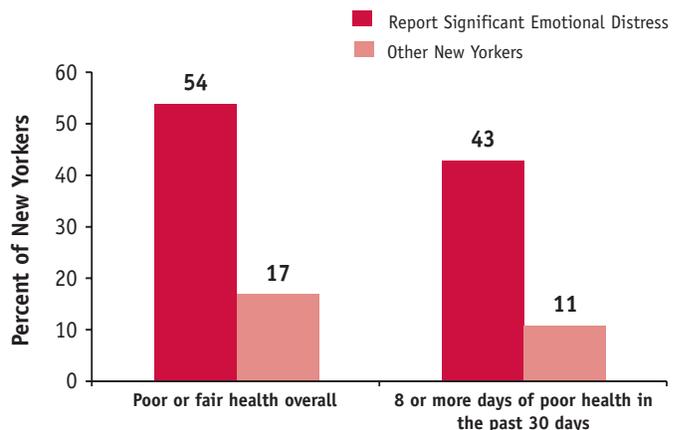
Respondents were asked a series of questions about the extent to which they had recently felt nervous, restless, sad, hopeless, worthless or that everything is an effort. Those who reported high levels of these feelings were classified as experiencing “significant emotional distress”.

For full survey details, see: nyc.gov/health/survey.

Poor physical health is much more common among New Yorkers who report significant emotional distress

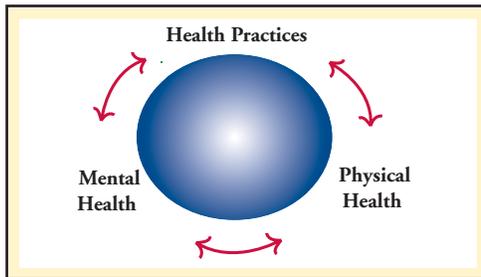
- Among New Yorkers who report significant emotional distress, about 54% (more than 200,000 people) reported that their health was poor or fair; 43% (156,000) reported poor physical health for 8 or more of the past 30 days.
- 22% of New Yorkers (more than 75,000 people) who report significant emotional distress lack health insurance, compared with 11% of other New Yorkers; 26% (96,000 people) needed medical care in the past month but were unable to get it, compared with 8% of other New Yorkers.

Poor Health is 3 Times More Common Among Persons Who Report Significant Emotional Distress

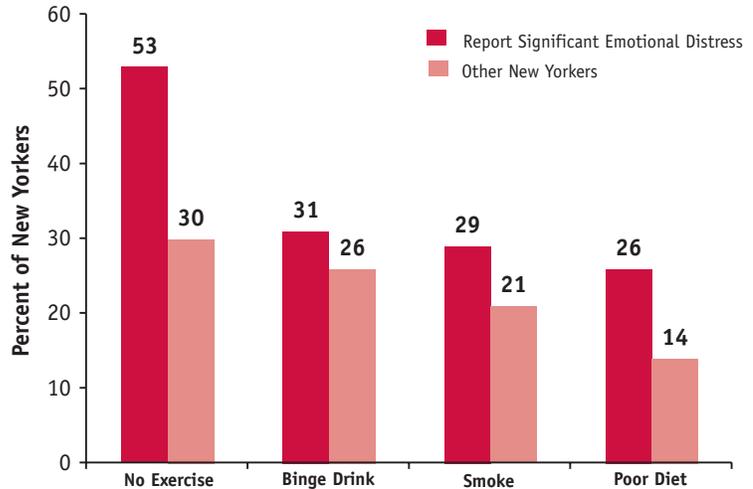


Compared with other New Yorkers, those who report significant emotional distress engage in more unhealthy behaviors

- New Yorkers who report significant emotional distress often engage in behaviors that put them at increased risk for health problems, including getting no exercise, binge drinking, smoking, and eating a poor diet.



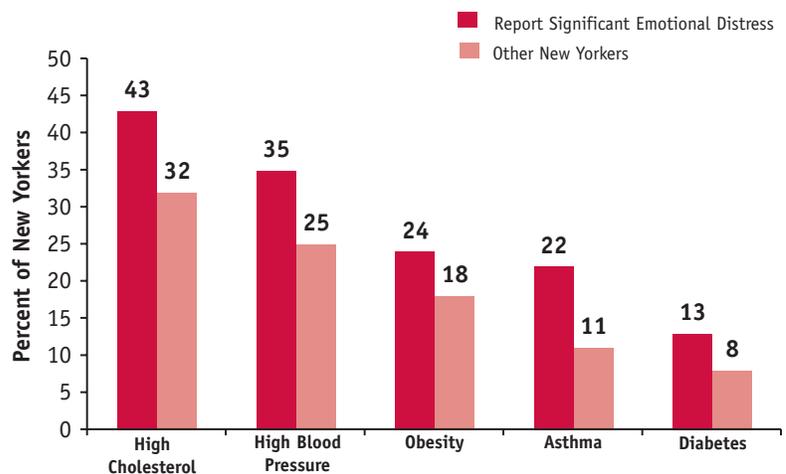
New Yorkers Who Report Significant Emotional Distress Have More Health Risks



New Yorkers who report significant emotional distress experience high rates of chronic illness

- New Yorkers who report significant emotional distress experience high rates of many conditions that put them at risk for early death, including high cholesterol, high blood pressure, obesity, asthma and diabetes.
- 84,000 New Yorkers with asthma and 51,000 New Yorkers with diabetes report significant emotional distress.

New Yorkers Who Report Significant Emotional Distress Have More Chronic Disease



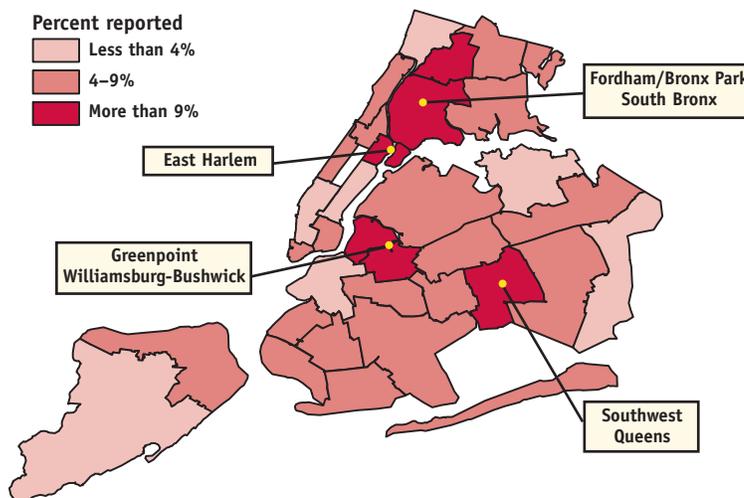
Mental health providers should be alert to recognize and make referrals for persons with physical health problems.

Neighborhoods with the lowest incomes often have the highest rates of significant emotional distress

- Only 36% of New Yorkers who report significant emotional distress are employed, compared with 60% of other New Yorkers.
- 55% of New Yorkers who report significant emotional distress report annual household incomes of less than \$25,000, compared with 31% of other New Yorkers.

Emotional distress can be reduced through treatment.

Significant Emotional Distress in NYC's Neighborhoods



Some groups are more likely to report significant emotional distress

- Significant emotional distress is reported more frequently by women, people 45 years and older, and those who are divorced, separated, or widowed.
- Hispanic New Yorkers are more than twice as likely to report significant emotional distress as whites, African-Americans, and Asians.
- It is not clear to what extent groups that report more significant emotional distress have higher rates of mental health problems, have less access to effective treatment, or are simply more willing to report emotional distress.

Primary-care providers should be alert to recognize, treat, or make referrals for persons with mental health problems.

Rates of Significant Emotional Distress Among New Yorkers

	Percent (number)
Total	6.4 (371,000)
Sex	
Male	5.3 (142,000)
Female	7.4 (229,000)
Age (in years)	
18-24	4.7 (37,000)
25-44	5.7 (144,000)
45-64	7.9 (132,000)
65 and older	6.5 (58,000)
Marital Status	
Never married	6.6 (100,000)
Married/Partnered	5.5 (147,000)
Divorced/Separated/Widowed	9.6 (124,000)
Race/Ethnicity	
White, non-Hispanic	4.9 (121,000)
Black, non-Hispanic	4.6 (61,000)
Asian	4.0 (23,000)
Hispanic	11.9 (153,000)

Recommendations

People with emotional distress that lasts 2 weeks or longer should talk to their primary-care physician or seek a mental health assessment.

Signs of emotional distress include:

- Feeling so sad that nothing cheers you up
- Feeling nervous
- Feeling very restless or fidgety
- Feeling hopeless
- Feeling that everything is an effort
- Feeling worthless.

LIFENET Hotline

24-hours-a-day / 7-days-a-week

In English: **1-800-LIFENET (1-800-543-3638)**

In Spanish: **1-877-AYÚDESE (1-877-298-3373)**

In Chinese: **ASIAN LIFENET (1-877-990-8585)**

Other languages: **1-800-LIFENET (1-800-543-3638)**

TTY (hearing-impaired): **(212) 982-5284**

Website: **www.800lifenet.com**

For information or a referral for any emotional or substance abuse problem, call LIFENET.

People with significant emotional distress can reduce their discomfort and improve their day-to-day functioning by:

- Getting appropriate care for their mental health problems
- Getting appropriate medical care for any health problems
- Improving their health by:
 - Exercising regularly
 - Eating a healthy diet
 - Not abusing alcohol or drugs
 - Not smoking.

A report from the New York City Community Health Survey



NYC Vital Signs

New York City Department of Health and Mental Hygiene

April 2003

Volume 2, No. 3

125 Worth Street, CN-6, New York, NY 10013

Michael R. Bloomberg
Mayor

Thomas R. Frieden, MD, MPH
Commissioner of Health and Mental Hygiene

Lloyd I. Sederer, MD
Executive Deputy Commissioner for Mental Hygiene

Division of Epidemiology

Bureau of Epidemiology Services

Farzad Mostashari, MD, MSPH
Assistant Commissioner

Anjum Hajat, MPH
Tina McVeigh, PhD, MPH

Bureau of Public Health Training

Gabrielle Weiner, MS
Director, Scientific Communications

Division of Mental Hygiene

Bureau of Planning, Evaluation, and Quality Improvement

Jane Plapinger, MPH
Assistant Commissioner

Cheryl King, MS
Sara Kuppin, MSPH
Robin Wunsch-Hitzig, PhD

Bureau of Communications

Cortnie Lowe, MFA
Editing Project Manager

Copyright©2003 New York City Department of Health and Mental Hygiene

NYC Vital Signs features information on critical aspects of public health in New York City. To contact NYC Vital Signs, e-mail survey@health.nyc.gov.

Suggested citation: McVeigh KH, Mostashari F, Wunsch-Hitzig RA, Kuppin SA, King CG, Plapinger JD, Sederer LI. There Is No Health Without Mental Health. NYC Vital Signs 2003;2(3);1-4.

PRST STD
U.S. POSTAGE
PAID
NEW YORK, N.Y.
PERMIT NO. 6174